



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8511

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/556,641    |                                  | 424   | 1618           | REGIM 3.3-069          |

## APPLICANTS

Sandrine Salle, Saint Illiers La Ville, FRANCE;  
 Emmanuel Guerin, Colombes, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IB04/01912 05/19/2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 03291180.2 05/20/2003

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/11/2007

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                  |                 |              |                    |
| Verified and<br>Acknowledged   | /NISSA M<br>WESTERBERG/<br>Examiner's Signature                     | Initials                                     | FRANCE           | 9               | 7            | 2                  |

## ADDRESS

LERNER, DAVID, LITTENBERG,  
 KRUMHOLZ & MENTLIK  
 600 SOUTH AVENUE WEST  
 WESTFIELD, NJ 07090  
 UNITED STATES

## TITLE

Oral Sustained Release Pharmaceutical Composition

|                             |   |  |
|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1390 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                             |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                             |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                             |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                             |   | <input type="checkbox"/> Other _____                         |
|                             |   | <input type="checkbox"/> Credit                              |